

# Cash Transfer Request Form

## Research Financial Services

Date of Request  Transmittal #  Transmittal Date

### Contact Information:

Name

Department #

Telephone

Email

Campus Address

Please complete the questions below and attach backup documentation (such as copies of emails, contract information, cash transmittals, etc) to support the cash correction. If the correction involves two different departments, include documentation showing that both areas have acknowledged the change in cash.

Amount of Correction

G/L and cost object where cash was originally posted:

G/L and cost object where cash should be posted:

### Type of Correction:

IRB Fees included in original check

Error on check transmittal

Other: Briefly explain

Explanation of reason for correction. Please include how the error occurred and steps now in place to prevent the error from occurring again.

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### University Financial Services USE ONLY

Date Approved by Accounting & Financial Reporting Services

Date Completed by Research Financial Services

Document #